

New Business Underwriting Application

QUESTIONNAIRE INSTRUCTIONS

Whenever used in this questionnaire, the terms you, your(s) and applicant shall mean the named insured and all subsidiaries, unless otherwise stated.

YOUR BUSINESS

1. Name of applicant: _____
Address of applicant: _____
Website address: _____
2. Years in business: _____
3. Describe your operations and list your products and services. _____

4. Please provide your anticipated total annual revenues for the next 12 months. \$ _____
What percentage of your total annual revenues is from foreign sales? _____ %
What percentage of your total annual revenues is derived from internet sales? _____ %
5. Check if any of the following have occurred in the past 12 months or may occur in the next 12 months:
☐ Merger ☐ Acquisition ☐ Newly formed owned entity
☐ Name change (no M&A) ☐ New products or services
 If so, describe in detail: _____
6. Have you discontinued or ceased providing support for any products or services in the last 3 years? ☐ Yes ☐ No
If yes, please explain: _____
7. Do you anticipate any significant changes in the nature of your business over the next 12 months? ☐ Yes ☐ No
If yes, please explain: _____
8. If your product or services include any of the following, please provide a percentage of projected revenue for each product or service:

Accounting services/content	%	Medical or health advice/content/services	%
Aerospace, weapons, guidance or navigation systems	%	Medical diagnostics or patient care	%
Architectural or engineering advice/content/services	%	Nutritional advice/content/services	%
Cryptocurrency	%	Physical security	%
Emergency or fire response	%	Privacy compliance (PCI, GDPR, HIPAA, etc.)	%
Funds transfer, trade execution or other securities transactions	%	Pollution or environmental monitoring, testing or remediation	%
File sharing/swapping	%	Process control, process automation, CAM or robotics	%
Gaming, sweepstakes, contests, lotteries or other games of chance	%	Security assessment, encryption, authentication, penetration/vulnerability testing	%
Insurance advice/content/services	%	Social media/social network	%
Legal advice/content/services	%	Any other non-Technology related product or service	%

CURRENT AND REQUESTED INSURANCE PROGRAMS

1. Please provide the following information regarding your current and requested insurance programs:

TECHNOLOGY LIABILITY COVERAGE						
COVERAGE	CURRENT PROGRAM				REQUESTED PROGRAM	
	LIMIT	RETENTION	RETROACTIVE DATE	PREMIUM	LIMIT	RETENTION
Errors and omissions liability	\$	\$		\$	\$	\$
Cyber and privacy security liability	\$	\$		\$	\$	\$
Personal injury liability	\$	\$		\$	\$	\$
Media and content liability	\$	\$		\$	\$	\$

FIRST-PARTY CYBER COVERAGE					
COVERAGE	CURRENT PROGRAM			REQUESTED PROGRAM	
	LIMIT	RETENTION	PREMIUM	LIMIT	RETENTION
Security breach notification and remediation	\$	\$	\$	\$	\$
Data and systems restoration	\$	\$	\$	\$	\$
Cyber extortion	\$	\$	\$	\$	\$
Business income loss and extra expense	\$	_____ hrs waiting period	\$	\$	_____ hrs waiting period
Contingent business income loss and extra expense	\$	_____ hrs waiting period	\$	\$	_____ hrs waiting period
Funds transfer fraud	\$	\$	\$	\$	\$
Computer fraud	\$	\$	\$	\$	\$
Telecommunications fraud	\$	\$	\$	\$	\$
Public relations	\$	\$	\$	\$	\$
Cyber breach or extortion reward	\$	\$	\$	\$	\$

HISTORY

1. In the past three years:

- Have you had any claims or suits resulting from your products or services; or are you aware of any actual or alleged facts or circumstances that could reasonably be expected to give rise to a claim under this policy? ☐ Yes ☐ No
- Have you sued a customer for failure to pay for products or services rendered? ☐ Yes ☐ No
- Have you notified consumers or a third party of a security breach incident? ☐ Yes ☐ No
- Have you experienced an actual or attempted extortion demand with respect to your computer system, an unscheduled network outage lasting over four hours, or has your system or website been used in any type of security incident or attack (viruses, denial of service attacks, etc.)? ☐ Yes ☐ No
- Have you had any policy declined, cancelled or non-renewed? (Not applicable in Missouri) ☐ Yes ☐ No

ERRORS AND OMISSIONS LIABILITY

(Please attach a copy of your standard customer contract, purchase order or licensing agreement.)

1. How long have your products or services been on the market? _____
2. What percentage of revenue is applicable to the following end user(s) of your products or services?

Individual _____%	U.S. Federal Government, agency or military _____%
Commercial entity _____%	If you generate revenue from the U.S. federal government, agency or military, please answer the following: Your work as a prime contractor _____% Your work as a subcontractor to a prime contractor _____% Do you primarily use Federal Acquisition Regulation (FAR) contracts or insure that FAR flow-down provisions are included within contracts you sign? <input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. local or state government or agency _____%	

3. Do you have a quality control/quality assurance program? ☐ Yes ☐ No
(Check all that apply.)

<input type="checkbox"/> Formalized	<input type="checkbox"/> Prototype development
<input type="checkbox"/> Verification testing	<input type="checkbox"/> Vendor approval and certification process
<input type="checkbox"/> Validation testing <input type="checkbox"/> Component <input type="checkbox"/> Integration <input type="checkbox"/> System <input type="checkbox"/> Acceptance <input type="checkbox"/> Alpha <input type="checkbox"/> Beta <input type="checkbox"/> Pilot	<input type="checkbox"/> End-user product or service training <input type="checkbox"/> Formalized/documented <input type="checkbox"/> User guide <input type="checkbox"/> Manuals <input type="checkbox"/> On-site training <input type="checkbox"/> Annual certification <input type="checkbox"/> Webinars
<input type="checkbox"/> Product change control procedures and signoff	<input type="checkbox"/> Statistical process control
<input type="checkbox"/> Pre-release/pre-dissemination testing to protect customers from malicious code, security vulnerabilities, bugs or problems in your services	<input type="checkbox"/> Customer signoff <input type="checkbox"/> Milestones <input type="checkbox"/> Final acceptance
<input type="checkbox"/> Maintenance of error/problem/downtime log for life of service	<input type="checkbox"/> Product recall plan
<input type="checkbox"/> Document retention plan _____ Months _____ Years _____ Unlimited	<input type="checkbox"/> All beta testers acknowledge pre-release software is for testing purposes only and not suitable for production use

4. Do you have a customer management program? ☐ Yes ☐ No
(Check all that apply.)

<input type="checkbox"/> Customer complaint resolution, including escalation procedures	<input type="checkbox"/> Formal customer notification plan to address any bugs, anomalies, problems, etc. discovered in products or services
<input type="checkbox"/> Customer notification plan for discontinuance of product, service or support	

5. How long would it take for you to notify all your customers of an issue with your product or service?

6. Have you ever had to recall any of your products? ☐ N/A ☐ Yes ☐ No

If Yes, please explain: _____

7. If you perform services that require you to modify information security protection in order to perform your services, do you have a formal procedure to ensure all applicable information security protections are operational upon completion of your services? ☐ Yes ☐ No
If Yes, does this procedure include testing to verify security protections are operational? ☐ Yes ☐ No
Do you have a formal process that requires your customer to verify protections are operational? ☐ Yes ☐ No

8. If you are an equipment or component manufacturer what percentage of your products do you test?
 Percentage of all products _____ % Percentage of batch/lot _____ %
- If you use or sell products provided by third party vendors, what are your testing procedures for third party supplied products?
- Does your customer test all products prior to final acceptance? ☐ Yes ☐ No
- If No, what percentage of your products does your customer test prior to acceptance? _____ %
- Do you negotiate an acceptable product failure rate with customers? ☐ Yes ☐ No
- If Yes, what is considered an acceptable failure rate for your products? _____
9. Do you warrant or guarantee any standards of performance for your products or services
 (delivery and/or completion timeframes, availability, durability, quality, volume of transactions)? ☐ Yes ☐ No
- If Yes, specify which standards: _____

CONTRACTS

10. Describe your five largest projects or jobs during the past three years.

CLIENT NAME	PRODUCT/SERVICE PROVIDED	ANNUAL REVENUE DERIVED FROM PROJECT OR JOB	LENGTH OF CONTRACT (IN MONTHS)	ACTUAL/EXPECTED COMPLETION DATE

11. Do you use your standard contract with your customers? ☐ Yes ☐ No
- a. What percentage of revenue is derived from your products or services that are sold or provided using non-standard or customer supplied contracts? _____
- b. If Yes, which of the following provisions are included in your contractual agreements (e.g. standard contractor, purchase order or licensing agreement, etc.)?
- | | | |
|---|---|--|
| <input type="checkbox"/> Limitation of liability | <input type="checkbox"/> Integration clause | <input type="checkbox"/> Limitation of consequential damages |
| <input type="checkbox"/> Force majeure | <input type="checkbox"/> Statement of work | <input type="checkbox"/> Performance milestones/schedule of work |
| <input type="checkbox"/> Arbitration clause | <input type="checkbox"/> Hold harmless | |
| <input type="checkbox"/> Disclaimer of warranties | <input type="checkbox"/> Indemnification | |
- c. If contractual provisions were selected above, were they written in your favor? ☐ Yes ☐ No
- d. Does legal review your contracts, purchase orders or licensing agreements? ☐ Yes ☐ No
- e. Does legal review deviations to your contracts, purchase orders or licensing agreements? ☐ Yes ☐ No
- f. Please explain your contractual procedures when accepting non-standard or customer supplied contracts? _____
- _____
- _____

12. Please provide the following:

- a. Size of average customer contract: \$ _____ Length of average customer contract (# of months): _____
- b. Size of largest customer contract: \$ _____ Length of largest customer contract (# of months): _____

SUBCONTRACTORS

1. If you use subcontractors, what percentage of your projected revenue is derived from the work or services provided by subcontractors? _____ ☐ N/A
2. What products or services do your subcontractors provide? _____ ☐ N/A
3. Do you use a standard contract or agreement with all subcontractors? ☐ Yes ☐ No
If Yes, are hold harmless and indemnification provisions in your favor? ☐ Yes ☐ No
4. Are your subcontractors required to carry errors and omissions insurance? ☐ Yes ☐ No
If Yes, what is the minimum policy limit required: \$ _____

CYBER AND PRIVACY SECURITY/FIRST-PARTY CYBER

(Please complete this section if you are applying for cyber and privacy security liability or first-party cyber coverage.)

1. Indicate the type and number of unique records collected/maintained by you or others on your behalf (**Check all that apply**):

TYPE OF INFORMATION	NUMBER OF RECORDS				
<input type="checkbox"/> Biometric information	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Financial account numbers	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Other personally identifying information (i.e., social security numbers, passport numbers)	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Protected health information	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Credit card numbers	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Other information not described above (i.e., Name, address, telephone number, etc.)	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M

2. If you were to suffer a security incident or attack (virus, denial of service attack, etc.), how would you categorize the downstream result to your customers?
☐ No impact ☐ Minimal impact ☐ Moderate impact ☐ Significant impact
3. Do you have the following (**check all that apply**)?
☐ Written information security program (wisp) ☐ Written incident response plan ☐ Designated chief information security office (or equivalent)
4. Information security training—you have (**select one**):
 - a. Formal and documented information security program and privacy policy; written and executed employee training program to safeguard personal and confidential business information
 - b. Formal but undocumented information security program and privacy policy; formal but not written employee training program to safeguard personal and confidential business information
 - c. Informal and undocumented information security program and privacy policy; no executable or written employee training program to safeguard personal and confidential business information or none
5. Customer base—you derive most of your revenue from (**select one**):
 - a. Sales to commercial entities
 - b. Sales to individuals
 - c. Government and critical infrastructure related entities
6. Back-ups—you make (**select one**):
 - a. Regular full and incremental backups of critical data and systems
 - b. Occasional full back-ups of critical data and systems
 - c. No back-ups of critical data and systems

7. Background checks—for employees with access to sensitive data and systems, you conduct **(select one)**:
- a. Full, nationwide, criminal background, sex offender, and credit checks
 - b. Full, nationwide, criminal background checks
 - c. No background checks
8. Patching and updates—you provide **(select one)**:
- a. Automatic updates enabled with patch management verification procedure
 - b. Automatic updates enabled
 - c. Manual updates
9. Firewalls—you have **(select one)**:
- a. Hardware and software firewalls deployed
 - b. Hardware firewall deployed
 - c. No firewalls deployed
10. Antivirus and intrusion detection software—you have **(select one)**:
- a. Intrusion detection software and antivirus software installed or activated on all computers and networks
 - b. Antivirus software installed or activated on all computers and networks
 - c. Neither intrusion detection software nor antivirus software installed or activated
11. Network security—when working remotely, your employees **(select one)**:
- a. Access a segmented network via virtual private network with multi-factor authentication
 - b. Access a segmented network via virtual private network
 - c. Do not access a virtual private network
12. Email security —you have **(select one)**:
- a. Web and email filtering enabled
 - b. Web or email filtering enabled
 - c. Neither web nor email filtering enabled
13. Encryption—your encryption is **(select one)**:
- a. Deployed for data at rest, in transit and on mobile devices
 - b. Deployed for data at rest
 - c. Not deployed
14. Accountability—when accessing computer systems and information, employees and third parties are issued **(select one)**:
- a. Separate and unique accounts with strong passwords; access is restricted and only extended as required to perform duties.
 - b. Separate and unique accounts with strong passwords
 - c. Separate and unique accounts with no password construction requirements
15. Data destruction—when data and equipment is no longer needed, you **(select one)**:
- a. Dispose computers/devices/media responsibly in accordance with a written data retention and destruction policy
 - b. Dispose of old computers/devices/media responsibly
 - c. Have no policies or procedures pertaining to the destruction of data or retirement of devices
16. If user information is collected on your website, do users have the option to opt-in or opt-out of allowing the collection or use of their information?
- ☐ Yes ☐ No

17. Do you have a disaster recovery plan for your computer system (i.e., computer or computer network, including hardware, software, telephone system, firmware, and data)? ☐ Yes ☐ No
 Has the plan been fully documented and tested at least annually? ☐ Yes ☐ No
18. Are security requirements and responsibilities for sensitive and confidential information addressed in your contract or agreements with vendors, partners, subcontractors, independent contractors and other third parties? ☐ Yes ☐ No
19. When employees/contractors access critical systems, is multi-factor authentication utilized? ☐ Yes ☐ No
20. Which of the following facilities security measures do you have in place **(Check all that apply)**?
- | | | |
|--|--|---|
| <input type="checkbox"/> Key card access | <input type="checkbox"/> Biometric scanning | <input type="checkbox"/> Redundant connectivity/power/cooling |
| <input type="checkbox"/> Key card protocols | <input type="checkbox"/> Disaster recovery plan | <input type="checkbox"/> Facilities security manager |
| <input type="checkbox"/> 24-Hour security surveillance | <input type="checkbox"/> Redundant network equipment | <input type="checkbox"/> Security guards |
21. Do you use vendors for any of the following? ☐ Yes ☐ No
- a. Customer service ☐ Yes ☐ No
 - b. Web hosting/data center operations ☐ Yes ☐ No
 - c. Data processing ☐ Yes ☐ No
 - d. Network security ☐ Yes ☐ No
 - e. Other—Please describe: _____
22. Do you have a formal process for reviewing your vendors' procedures? ☐ N/A ☐ Yes ☐ No
23. Do you use a standard contract or agreement with all vendors? ☐ N/A ☐ Yes ☐ No
 If yes, are hold harmless and indemnification provisions in your favor? ☐ N/A ☐ Yes ☐ No
24. Are your vendors required to carry errors and omissions insurance? ☐ N/A ☐ Yes ☐ No

PERSONAL INJURY LIABILITY

(Please complete this section if you are applying for personal injury liability coverage.)

1. Do you sell or share personal and/or confidential information gathered from customers or others? ☐ Yes ☐ No
 (This includes information gathered from your website or by other means.)
 If Yes, do you notify and obtain the consent of customers or others prior to disseminating this information? ☐ Yes ☐ No
2. Do you have a chat room, bulletin board or social media site? ☐ Yes ☐ No
 If yes, please provide the following information:
- a. Who are the primary users of the chat room, bulletin board or social media site (i.e., employees, vendors, customers, etc.)? _____
 - b. Do you monitor the chat room, bulletin board or social media site? ☐ Yes ☐ No
 - c. How quickly do you remove content and posts when you are notified they are unacceptable or infringing? _____

MEDIA AND CONTENT LIABILITY

(Please complete this section if you are applying for media and content liability coverage.)

1. Do you provide any of the following? **(Check all that apply.)**
- | | |
|--|---|
| <input type="checkbox"/> An application/software that enables the copying or dissemination of the content of others (e.g. music, art, photos, graphics, video, written works etc.) | <input type="checkbox"/> A file-swapping network |
| | <input type="checkbox"/> Access to file sharing activities (example: peer to peer.) |

2. Do you have intellectual property or business methods clearance procedures?

☐ Yes ☐ No

(Check all that apply.)

<input type="checkbox"/> The acquisition of all the necessary rights, licenses, releases and consents applicable to content or services created or provided by you or by third parties	<input type="checkbox"/> Legal review of all referral and affiliate program agreements
<input type="checkbox"/> Permission to use and legal review of the trademarks and/or service marks of others	Legal review of the following performed prior to release, use, dissemination of or modification to regardless of the medium (check all that apply) : <input type="checkbox"/> Content <input type="checkbox"/> Business methods <input type="checkbox"/> Product technology used <input type="checkbox"/> Websites <input type="checkbox"/> Work services <input type="checkbox"/> Advertising and marketing material
<input type="checkbox"/> New hire and independent contractor agreements include signed statements that new employees and contractors will not disseminate or use any previous employer's or client's trade secrets or other intellectual property	Trademark and/or service mark searches and clearances for all your: <input type="checkbox"/> Domain names <input type="checkbox"/> Service names, designs or logos
<input type="checkbox"/> The contractual acquisition of all rights (including electronic rights) to work done for you by third parties, including hold harmless and indemnification clauses, which inure to your benefit pertaining to that work	Content searches and clearances performed by (check all that apply) : your <input type="checkbox"/> Legal counsel <input type="checkbox"/> Professional search company <input type="checkbox"/> Computerized database search
<input type="checkbox"/> Legal review performed with respect to laws in jurisdictions outside of the U.S.	<input type="checkbox"/> Permission from owners of sites you link to or frame
<input type="checkbox"/> Disclaimers on your website pertaining to content made available or disseminated.	<input type="checkbox"/> Legal review of all licensing and/or cross-licensing agreements

3. If you are an Internet Service Provider, are you compliant with the Digital Millennium Copyright Act and its standards?

☐ N/A ☐ Yes ☐ No

PAYMENT CARD EXPENSE COVERAGE

(Please complete this section if you are applying for payment card expense coverage.)

1. Do you outsource all payment processing to a PCI-DSS validated merchant or other entity?

☐ Yes ☐ No

2. What are your estimated number of transactions in a 12-month period? _____

3. Have you been PCI certified in the past 12 months?

☐ Yes ☐ No

SOCIAL ENGINEERING COVERAGE

(Please complete this section if you are applying for social engineering coverage.)

1. Do you provide social engineering training at least annually to employees having wire transfer or accounts payable authority that educates them on how to detect and identify social engineering scams where a fraudulent email or phone call from a purported:

a. Vendor or client is received, requesting their vendor or client bank account information be changed?

☐ Yes ☐ No

b. Owner or employee of yours is received, requesting a wire transfer be made on their behalf?

☐ Yes ☐ No

2. Do you have written and documented procedures in place which are provided to your employees and which require employees to authenticate all requested changes to vendor/supplier information (such as bank account, routing number, contact information) with a phone call to an authorized representative of the vendor/supplier, at a phone number provided at the time of contracting?

☐ Yes ☐ No

BUSINESS INCOME LOSS AND EXTRA EXPENSE—SYSTEMS FAILURE

(Please complete this section if you are applying for business income loss and extra expense — systems failure coverage.)

1. Do you have a policy to manage the maintenance of your computer system (i.e., computer or computer network, including hardware, software, telephone system, firmware, and data)? ☐ Yes ☐ No

If yes, please explain. _____

Describe the maintenance schedule of your computer system? _____

2. Have you suffered an unplanned (non-malicious) outage in the past 24 months? ☐ Yes ☐ No

If yes, please explain. _____

CONTINGENT BUSINESS INCOME LOSS AND EXTRA EXPENSE—SYSTEMS FAILURE

(Please complete this section if you are applying for contingent business income loss and extra expense—systems failure coverage.)

1. Do you have any single source providers of raw materials, products or services which are critical to your business? ☐ Yes ☐ No

If yes, please explain. _____

Do you have a contract in place with the provider guaranteeing on time service and back up facilities? ☐ Yes ☐ No

2. Have you identified back-up contract providers for such critical products or services? ☐ Yes ☐ No

If yes, please list your providers. _____

3. How long would it take your back-up contract providers to be up and running to provide to you with your critical products or services?

DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance policy provided by us. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us. **[Not applicable in NC]**

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant Organization between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately;
- Any policy issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the policy inception date that such information contained in the Application(s) were untrue, inaccurate or incomplete, then coverage may be denied or canceled with respect to that person or persons if such information was material to issuance of the policy. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the policy inception date that such information contained in the Application(s) were untrue, inaccurate or incomplete, then coverage may be denied or canceled with respect to that person or persons and the Applicant Organization if such information was material to issuance of the policy;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this "Application" does not bind the undersigned to purchase insurance.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Dated _____ Signature/Title _____

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Produced By: Agent _____ Agency: _____

Agent Signature: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City): _____

State: _____ Zip Code: _____

FRAUD WARNINGS

NOTICE TO ARKANSAS, LOUISIANA, AND WEST VIRGINIA APPLICANTS: Any person who knowingly represents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO ARKANSAS, LOUISIANA & WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE, VIRGINIA, TENNESSEE & WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MICHIGAN AND MINNESOTA APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO MISSOURI & ARIZONA APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA & IDAHO APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.